

Welcome to your new Flex Spending Account Plan Year!

We feel that you will find our website a useful tool. By logging into your account you will be able to monitor your reimbursement account activity and fund balance, file claims on line and access forms and other information. To log into your account, please follow the instructions found on the next page of this document.

HOW TO ACCESS YOUR FLEX SPENDING ACCOUNT FUNDS:

1. <u>FlexExpress© Card Users</u> – If you requested a <u>new FlexExpress</u> card you will be receiving it at your home address in a plain white envelope. If you <u>re-activated</u> your current FlexExpress card(s), it has been updated with your new election.

Remember, you may only use the card at qualified providers of health care services or products. Also, IRS regulations state you **must** retain documentation for every transaction. Benefit Strategies reserves the right to ask for documentation to verify any expenses paid with your *FlexExpress* Card. If your *FlexExpress* Card is lost or stolen, please notify us immediately.

- 2. Enter Your Reimbursement Request On Line Log in to your account (Instructions follow), click File Claims and follow the instructions. Print the Confirmation page and mail it or fax it in with your receipts. Try it it's easy!
- 3. Submit a Request For Reimbursement via Fax or Mail A copy of a Request for Reimbursement form and directions is attached with this notice. Additional forms may be obtained from your employer or from Benefit Strategies' website: www.benstrat.com under "Available Forms." Fax or mail the completed form along with documentation of your eligible expenses to Benefit Strategies. Properly completed claims are usually processed within 1 week. You may submit claims as often as you like. Do make sure, however, that the expense you are requesting reimbursement for is eligible according to IRS guidelines and that it will not be reimbursed by your insurance or any other source.

Do you have questions? Contact Benefit Strategies!

Mailing Address:	Telephone: (888) 401-FLEX (3539)
PO Box 1300	FAX: (603) 647-4668
Manchester, NH 03105-1300	e-mail: claimsupport@benstrat.com

WEB-SITE LOG IN INSTRUCTIONS:

1. Open your browser (e.g. Internet Explorer) and log into our website: www.benstrat.com . Click on Flexible Spending Participant Login.

Login				
Username: Password: Login				
Can't login?				
l forgat by usen				
New user?				
Create your next	browssea hee sammesu	 New Users C	LICK HERE!	

2. **First time Users:** Click on "Create your new username and password" to create your new account.

OR

3. Log in using the following:

<u>USERNAME</u>: Your username will be your *first name initial* followed by your *entire last name* and the *last four digits of your social security number*

Example: Jason Smith, SSN: 121-22-3456. Username: jsmith3456.

PASSWORD: changeme

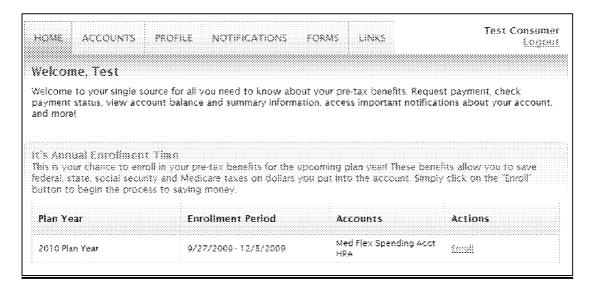
If this is your first time logging in to our enhanced web-site, use *changeme* as your password. You will then be instructed to create a new and unique password.

Change Username and Password					
Please change your login information					
Username:	toonsumer				
New Password					
Confirm Password:					
Security Question:	What is your mother's maiden name? ▼				
Answer:					
Em ail:					
By providing an email address, you will receive communications from Reidi Administrator electronically about your benefits in lieu of paper documents. Your enail address will not be shared or used for any other purpose.					
Submit					

The password must:

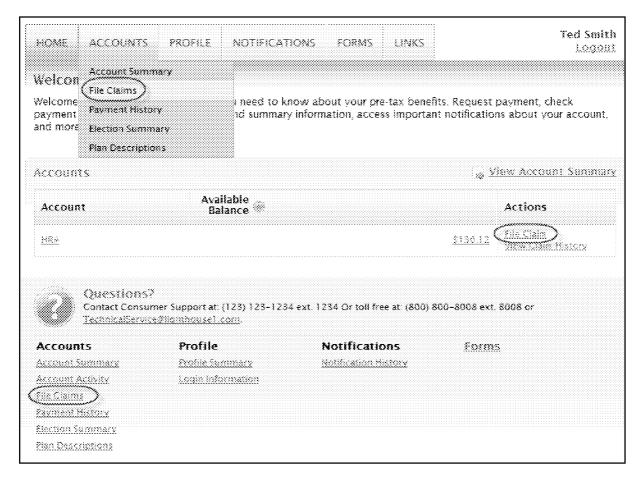
- Have a minimum of 6 characters Not be one of your last 3 passwords
- Contain upper and lower case letters Contain at least one number .

Once you have successfully logged in, you will see a screen that looks like this. From here, you may click on items to file a claim, check your real-time account balance and payment history, or get plan information or forms.

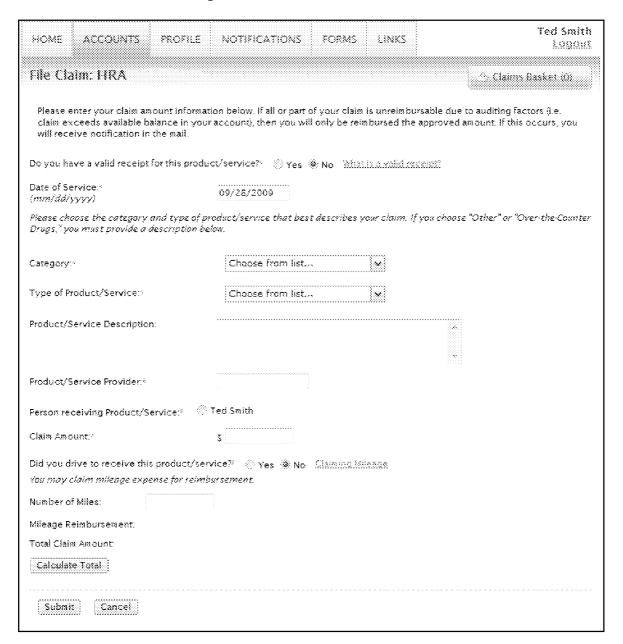


HOW TO FILE YOUR CLAIMS ONLINE

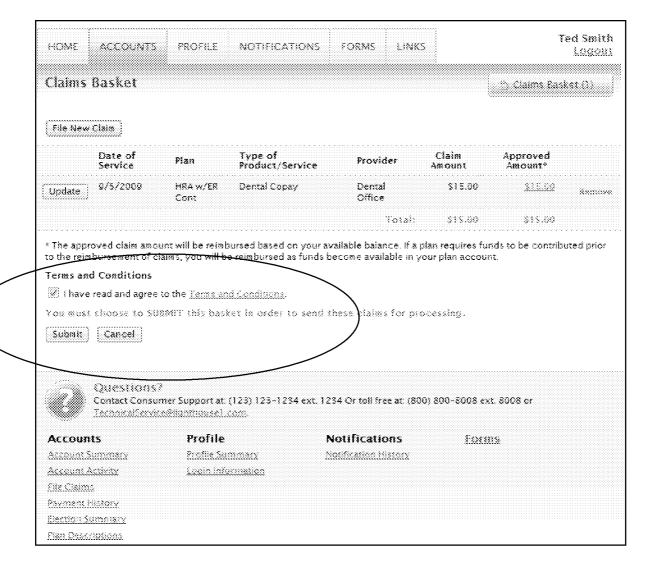
1. Click on the Accounts Tab and choose File Claims or click File Claims under the Action column of the account you wish to file claims against.



2. Enter the information for each expense, clicking submit between each one. Make sure you have valid receipt(s) for your expenses, as you will need to fax or mail them to Benefit Strategies.



3. If you have more than one expense to request reimbursement for, click on **File a New Claim.** Enter information and click **Submit.**



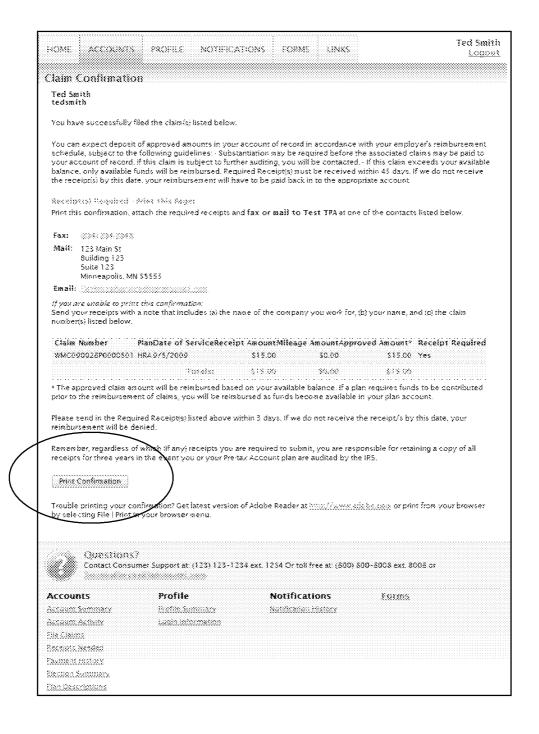
- 4. Once all claims are entered, you must:
 - 1) Agree to the **Terms & Conditions** (click on appropriate box) and
 - 2) Commit the claim(s) by clicking **Submit**.

5. PRINT AND SEND CONFIRMATION WITH RECEIPTS!

A Confirmation Page that looks like this will come up. The confirmation page verifies that all claims have been successfully submitted! You must print this page by clicking **Print Confirmation** and mail it along with your receipts to:

Benefit Strategies PO Box 1300 Manchester, NH 03105-1300

Or FAX to: (603) 647-4668



IMPORTANT NOTES ON FILING CLAIMS

- 1) Paper Request for Reimbursement Forms must be filled out COMPLETELY and signed. Medical expenses must FIRST be submitted to your insurance provider. Only out-of-pocket expenses incurred during your active participation in the plan year are reimbursable. (Incomplete forms will be returned.)
- 2) Mail or FAX form and copies of receipts to Benefit Strategies at the following address:

Benefit Strategies, LLC PO Box 1300 Manchester, NH 03105-1300 Fax: (603) 647-4668

- 3) Complete claims received by NOON on Thursday will usually process for reimbursement on Monday. *Does not apply to all clients.
- 4) Copies of all third party documentation for expenses you are claiming should be submitted on <u>8 1/2 by 11 paper</u> along with your <u>COMPLETED Reimbursement Request</u>. Please keep original receipts for your tax records.
- 5) Documentation must clearly show the following:.
 - a. the date the expense was incurred (NOT the date paid)
 - b. the **provider** of services,
 - c. a description of the service and/or expense, and
 - d. the **charge** for each service and amount paid or denied by insurance.

Health Care Reimbursement Account documentation can include statements, itemized bills, and/or insurance "Explanation of Benefits" forms. *Note: Canceled checks, credit card receipts, and balance forward statements are NOT acceptable documentation.*

Dependent Care Reimbursement Account documentation must show the dates of service, provider's name, and dependent's name. Section 4 of the Request For Reimbursement form may be used as eligible documentation. You must have on file the Taxpayer ID Number or Social Security Number of your Dependent Care providers. You will need to provide these numbers to the IRS when filing your taxes.

We hope you will find this overview helpful in getting starting with the new plan year. If you have any questions, please contact our office at (888) 401-3539. A member of our client relations team will be glad to help you. (603) 647-4666. One of our operators will direct you to someone who can help you.

Thank you!